

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		3		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		2		1			65						
16		3		1			66						
17		3		1			67						
18		3		1			68						
19		1		1			69						
20		1		1			70						
21		0		0			71						
22		0		0			72						
23		0		0			73						
24		0		0			74						
25		0		0			75						
26		0		0			76						
27		0		0			77						
28		0		0			78						
29		0		0			79						
30		0		0			80						
31		0		0			81						
32		0		0			82						
33		0		0			83						
34		0		0			84						
35		0		0			85						
36		0		0			86						
37		0		0			87						
38		0		0			88						
39		0		0			89						
40		0		0			90						
41		1		1			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						